

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028006

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. FILED JUL 28 1962Primary Registration District No. 5888 Registrar's No. 39VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>OZARK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek Twp</u>		Length of stay in 1b <u>Life</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Henny</u> Middle <u>Alberta</u> Last <u>Bunnett</u>		4. DATE OF DEATH Month <u>7</u> - Day <u>13</u> - Year <u>62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-13-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11a. BIRTHPLACE (City and state or country) <u>Ozark Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Bunnett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Alice Snapp</u>	
14. NAME OF HUSBAND OR WIFE <u>Hepsie E. Bunnett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Leo Bunnett, Theodosia Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation with cor pulmonale</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic heart disease</u> DUE TO (c) <u>with edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> <u>4 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:40 P.</u> a.m. <u>10:40 P.</u> p.m. <u>10:40 P.</u>	Month, Day, Year <u>7-13-1962</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY <u>Mo</u> STATE <u>Mo</u>
21. I attended the deceased from <u>10-4-1958</u> to <u>7-13-1962</u> and last saw her alive on <u>7-13-1962</u> Death occurred at <u>10:40 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>M. J. Sherman D.O.</u> (Degree or title)	
22b. ADDRESS <u>Gainesville, Mo</u>		22c. DATE SIGNED <u>7-16-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-17-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lotie Cemetery</u>	23d. LOCATION (City, town, or county) <u>Theodosia Mo</u>
24. FUNERAL DIRECTOR <u>Clinkingbeard, Gainesville</u>	25. DATE RECD. BY LOCAL REG. <u>7/20/62</u>	26. REGISTRAR'S SIGNATURE <u>Louanna C. Wade</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

No permit obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. M. R. Carey*

Licensed Embalmer No. *4885*

P. O. Address *Guineville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.